

Health Department, City of Baltimore.

Permit No. 98402 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James H. Tucker,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 36 Years, Months, Days

Color,

(Colored)

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

During lifetime

Place of Death, { Give Street and Number. }

17 King St

Cause of Death, { First (Primary),

Phthisis Pulmonalis
Exhaustive

Second (Immediate),

Duration of Last Sickness,

1 year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

P. Rickerh,

Date of Burial, March 22nd 1887

M. D.

{ Undertaker, Alex. Hensley }

Medical Attendant.

{ Place of Business, 561 Orchard }

Address, Anna St & Robert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98783 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 19 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Kahl

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Three Years, Six Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 335 (old no.) Harford ave

Cause of Death, { First (Primary), Scarlet Fever. }

{ Second (Immediate), Septicæmia }

Duration of Last Sickness, About four days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus & Or

Date of Burial, March 20 1887

Undertaker, Henry Stock { Aug. C. Clewell M. D. Medical Attendant.

Place of Business, 309 M. Central Address, 1841 Harford ave

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[over.]

Health Department, City of Baltimore.

Permit No. 98704

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 18th 1887

Full Name of Deceased, John Fireland

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, required in this line.

Age, 35 Years, Months, Days.

Color, Colored.

Married, Single, Widow or Widower, required in this line.

Occupation, Scow man

Birth Place, Calvert Co Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, 1125 Goodman

Cause of Death, Phthisis

First (Primary), Hemorrhage & Exhausion

Second (Immediate),

Duration of Last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 20th 1887

Undertaker, S. W. Chase

Place of Business, 644 S Howard St

Y. J. Flanerry

M. D.

Coroner

Medical Attendant

Address, 1701 Dr. Hill Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98705

Office of Registrar of Vital Statistics.

Ward 18

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CERTIFICATE OF DEATH.

Date of Death,

May 19 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Irene Miller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 15 Years,

7 Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Ballerina

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

337½ Nelson on
Spinal MeningitisCause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

31 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 28th 1887

{ Undertaker, Joe A. Lewis

{ Place of Business, 1003 N. Balliet Address,

Medical Attendant.

319 Nelson St

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98706 Office of Registrar of Vital Statistics. Ward 18

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CERTIFICATE OF DEATH.

Date of Death, March 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Pearl Irene Berry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 7 Months, 11 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Miner

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give Street and Number. } 1622 Mc Henry St.

Cause of Death, { First (Primary), Meningitis
Second (Immediate), }

Duration of Last Sickness, during life time

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 21/87

Undertaker, J. B. Cook

Place of Business, 1003 St. Baltimore Address, 201 N Calvert St.

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]

Health Department, City of Baltimore.

Permit No. 98707

Office of Registrar of Vital Statistics.

Ward

18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph A. B. Nelson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29 Years, 2 Months, 19 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Watchman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Frederick, Md.

Duration of Residence in the City of Baltimore, About 20 years.

Place of Death, { Give Street and Number. } 510 Scott St.

Cause of Death, { First (Primary), Pneumonia
Second (Immediate), }

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Marietta Cemetery, No. Anna

Date of Burial, March 21st 1887

{ Undertaker, Jos B. Cook }

{ Place of Business, 1003 N. Ballot St. }

J. W. Weber

M. D.

Medical Attendant.

Address, 814 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]

Transit 4594

Health Department, City of Baltimore.

Permit No. 98708 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 19th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hardy Lloyd

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 42 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Butcher

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Wilmington North Carolina

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, { Give Street and Number. } Baltimore University Hospital

Cause of Death, { First (Primary), Ascites, Second (Immediate), Hypertension }

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Abury Cemetery

Date of Burial, March 20 (1887)

Undertaker, Hercules Ross

Place of Business, 404 Lombard Street Address, 44 Broadway

Medical Attendant.

[OVER.]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Health Department, City of Baltimore.

Permit No. 98709 Office of Registrar of Vital Statistics. Ward 6

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CERTIFICATE OF DEATH.

Date of Death, March 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah. J. Dawkins

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 20 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, { Give Street and Number. } 3303 Mckeldroy St

Cause of Death, { First (Primary), Anti-Pneumonia
Second (Immediate), Tuberculosis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Ashby Cemetery

Date of Burial, March 20 1887

Undertaker, William F. Dugay

Place of Business, 150 East St

Address, 100 Broadway

M. D.

Medical Attendant.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98710 Office of Registrar of Vital Statistics. Ward 19

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CERTIFICATE OF DEATH.

Date of Death, 20. March

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Starbel

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 30 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cigar manufacturer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } 1507 Montrose St

Cause of Death, { First (Primary), consumption of lungs
Second (Immediate), }

Duration of Last Sickness, two years six weeks. G. A.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Mar. 22nd 1887

Undertaker, F. Lewis Schaefer

G. Lane Daugherty M. D.

Medical Attendant.

Place of Business, 916 Fremont Address, 922 Madison Ave

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98711 Office of Registrar of Vital Statistics. Ward 8

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CERTIFICATE OF DEATH.

Date of Death,

March 20 87

B

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wm Elmer Cook

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, — Months, 9 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Pensylvania

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, { Give Street and Number. } old w. 193 Greenl. Ave.

Cause of Death, { First (Primary), Scarlet Fever
Second (Immediate), Septicæmia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Reisters town Balto Co. Md

Date of Burial, March 21st J. H. Robinson, M. D.

Undertaker, H. C. Wildfield, Medical Attendant.

Place of Business, 916 Greenmount Ave. Address, 725 Greenl. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]